

STORM NETBALL CLUB

MEDICAL FORM FOR JUNIOR / YOUTH PLAYERS

As with all sports, playing netball carries a small amount of risk of injury. All sessions involving junior/youth are run under the guidance of qualified All England Netball Association coaches.

Please complete the following, and sign and return to a club coach as soon as possible. If you have any queries please do not hesitate to ask.

NAME OF PLAYER

DATE OF BIRTH

PARENT / GUARDIAN

ADDRESS

TELEPHONE NUMBER

FAMILY DOCTOR

& ADDRESS

ANY KNOWN MEDICAL CONDITIONS (including any current medication, and known allergies).
OR OTHER FACTORS:

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ANY EXTRA MEDICAL CONTACTS:.....

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Consent:

- ❖ I agree to my daughter /son taking part in the activities of Storm Netball Club.
- ❖ I confirm, to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above.
- ❖ I consent to my son/daughter travelling by any form of public transport, minibus or motor vehicle driven by a Club Coach or any parent attending, to any event in which the Club is participating.
- ❖ I authorise the leader of the party, or any other club official accompanying the party who may be present, to consent to such medical treatment (including inoculations, blood transfusions or surgery) which, in the opinion of a qualified medical practitioner, may be necessary during any period of time when my son, daughter is with **Storm Netball Club**, and away from direct parental control and direction.

SIGNED(Parent/Guardian) **Date**